## Case 17-31288 Doc 1 Filed 10/19/17 Entered 10/19/17 09:34:15 Desc Main Document Page 1 of 46

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		
Case number (if known)	Chapter you are filing under:	
*	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

#### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	it 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on	Maria	
	your government-issued picture identification (for example, your driver's	First name	First name
	license or passport).	Middle name	Middle name
	Bring your picture	Muresan	
	identification to your meetin with the trustee.	Muresan  G Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0901	

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Del	otor 1 <u>Muresan, Maria</u>	·	Case number (if known)		
4.	Any business names and Employer Identification	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
	Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live		If Debtor 2 lives at a different address:		
		6057 N Lincoln Ave			
		# 503			
		Chicago, IL 60659-2432  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		•			
		Cook	County		
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Det	otor 1 <u>Muresan, Maria</u>				•	Case number(if known)			
Par	t 2: Tell the Court About	our Bankı	uptcy Ca	se					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	■ Chapt	er 7						
		☐ Chapt	er 11						
		☐ Chapt	er 12						
		☐ Chapt	er 13						
8.	How you will pay the fee	abo	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.						
		□ I ne	ed to pay	y the fee in installments. If you Installments (Official Form 103A)	choose this optic	on, sign and attach the Application for Individuals to Pa	y The		
		☐ I re	quest that required t	it my fee be waived (You may roo, waive your fee, and may do so	equest this optior only if your incor	n only if you are filing for Chapter 7. By law, a judge ma me is less than 150% of the official poverty line that app	plies to		
				ze and you are unable to pay the Chapter 7 Filing Fee Waived (Offi		ts). If you choose this option, you must fill out the Appli and file it with your petition.	ication		
9.	Have you filed for bankruptcy within the last	■ No.							
	8 years?	☐ Yes.							
			District		When	Case number			
			District		When	Case number			
			District		When	Case number			
10.	Are any bankruptcy cases pending or being filed by	■ No							
	a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known	<del> </del>		
11.		■ No.	Go to I	line 12.					
	residence?	☐ Yes.	Has vo	our landlord obtained an eviction i	udgment against	you and do you want to stay in your residence?			
				No. Go to line 12.	3	· · · · · · · · · · · · · · · · · · ·			
				Yes. Fill out <i>Initial Statement Alb</i> bankruptcy petition.	out an Eviction .	Judgment Against You (Form 101A) and file it with thi	s		

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Del	otor 1 Muresan, Maria			Case number (if known)			
Par	Report About Any Rus	einaeeae '	You Own as a Sole Propriet	or			
			Tod Office a Colo / Topinot	······································			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.				
		☐ Yes.	Name and location of bus	siness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach it		Number, Street, City, Sta	te & ZIP Code			
	to this petition.		Check the appropriate bo	x to describe your business:			
			☐ Health Care Busing	ness (as defined in 11 U.S.C. § 101(27A))			
			☐ Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))			
			☐ Stockbroker (as d)	efined in 11 U.S.C. § 101(53A))			
			☐ Commodity Broke	r (as defined in 11 U.S.C. § 101(6))			
			■ None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).					
	For a definition of small	■ No.	I am not filing under Chap	pter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy			
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	t 4: Report if You Own or	Have Any	Hazardous Property or Any	Property That Needs Immediate Attention			
14.	Do you own or have any property that poses or is	■ No.					
	alleged to pose a threat of imminent and identifiable hazard to public health or	☐ Yes.	What is the hazard?				
	safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?				
				Number, Street, City, State & Zip Code			

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Deb	tor 1	Muresan, Maria			Case number (if known)
Par	t 5:	Explain Your Efforts t	o Re	ceive a Briefing About Credit Counseling	
15.	you l briefi	he court whether nave received a ng about credit seling.		out Debtor 1:  must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a	out Debtor 2 (Spouse Only in a Joint Case):  I must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of
	receive credit file for must the for cannot cannot cannot be seen to be seen	aw requires that you we a briefing about counseling before you r bankruptcy. You truthfully check one of illowing choices. If you ot do so, you are not le to file.		certificate of completion.  Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.	completion.  Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
	If you can d will lo	file anyway, the court ismiss your case, you se whatever filing fee		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.	Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
	can b	aid, and your creditors egin collection ies again.	e	I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.  To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about	I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.  To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.  If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
				credit counseling because of:  ☐ Incapacity. ☐ I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  ☐ Disability. ☐ My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.  ☐ Active duty.	counseling because of:  Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
				I am currently on active military duty in a military combat zone.  If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.	I am currently on active military duty in a military combat zone.  If you believe you are not required to receive a briefing abou credit counseling, you must file a motion for waiver of credit counseling with the court.

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Det	otor 1 Muresan, Maria			Case number(if	known)			
Par	t 6: Answer These Question	ons for Rep	orting Purposes					
16.	What kind of debts do you have?	16a. A	a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
			No. Go to line 16b.					
		1	Yes. Go to line 17.					
		16b. <i>A</i>	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
		[	☐ No. Go to line 16c.					
		[	☐ Yes. Go to line 17.					
		16c. S	State the type of debts you owe that	at are not consumer debts or business deb	ts			
17.	Are you filing under Chapter 7?	□ No. I	am not filing under Chapter 7. G	o to line 18.				
	Do you estimate that after any exempt property is excluded and	Yes.	am filing under Chapter 7. Do you aid that funds will be available to	u estimate that after any exempt property is distribute to unsecured creditors?	excluded and administrative expenses are			
	administrative expenses are paid that funds will be	1	No					
	available for distribution to unsecured creditors?	(	☐ Yes					
18.	How many Creditors do	<b>1</b> -49		<b>1</b> ,000-5,000	<b>25,001-50,000</b>			
	you estimate that you owe?	□ 50-99		☐ 5001-10,000	50,001-100,000			
		☐ 100-199 ☐ 200-999			☐ More than100,000			
19.	How much do you	<b>\$0 - \$50</b>	.000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?		- \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
			1 - \$500,000 1 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
20.		□ \$0 - \$50	,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?		- \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion			
			1 - \$500,000 1 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
_		— <del>4500,00</del>	1 - \$1 mmon					
Par	17: Sign Below							
For	you	I have exam	nined this petition, and I declare un	nder penalty of perjury that the information	provided is true and correct.			
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.						
			ey represents me and I did not pay ed and read the notice required by	y or agree to pay someone who is not an att y 11 U.S.C. § 342(b).	torney to help me fill out this document, I			
		I request re	lief in accordance with the chapt	er of title 11, United States Code, specifie	d in this petition.			
	(N	I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.						
	\ (\dots	Maria Mu Signature o		Signature of Debtor 2				
		Executed o		Executed on				
			MM / DD / YYYY	MM / E	DD / YYYY			

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Debtor 1 Muresan, Maria		Cas	se number (if known)
For your attorney, if you are represented by one	Chapter 7, 11, 12, or 13 of title 11, United State	s Code, and have explained	ormed the debtor(s) about eligibility to proceed under the relief available under each chapter for which the ce required by 11 U.S.C. § 342(b) and, in a case in
If you are not represented by an attorney, you do not need to file this page.	which § 707(b)(4)(D) applies, certify that I have petition is incorrect.	no knowledge after an inqui	ry that the information in the schedules filed with the
	/s/ Michael R. Richmond	Date	September 28, 2017
	Signature of Attorney for Debtor	<del></del>	MM / DD / YYYY
	Michael R. Richmond		
	Printed name		
	Heller & Richmond, Ltd.		
	Firm name		
	33 N Dearborn St Ste 1907		
	Chicago, IL 60602-3828		
	Number, Street, City, State & ZIP Code		
	Contact phone (312) 781-6700	Email address	mrichmond@hellerrichmond.com
	3124632		
	Bar number & State		

			Document	Page 8 of 46			
Fill in th	nis informa	ation to identify your	case and this filing:				
Debtor '	1	Maria Muresan					
		First Name	Middle Name	Last Name			
Debtor 2		First Name	Middle Name	LastNama			
(Spouse, i	i illing)	First Name	Middle Name	Last Name			
United S	States Banl	kruptcy Court for the:	NORTHERN DISTRICT OF ILL	LINOIS, EASTERN DIVISIO	DN		
Case nu	umber					☐ Che	ck if this is an
						_ •	ended filing
Offi⊲i	ial Ear	m 106A/B					
_							
Sch	edule	e A/B: Prop	perty				12/15
think it fit informati Answer e	ts best. Be on. If more very questi	as complete and accura space is needed, attach ion.	te items. List an asset only once. If the as possible. If two married peop a separate sheet to this form. On t	le are filing together, both ar he top of any additional page	e equally responsible for s	supplying cor	rect
Part 1:	Describe E	ach Residence, Building	g, Land, or Other Real Estate You C	own or Have an Interest In			
1. Do you	u own or ha	ve any legal or equitabl	e interest in any residence, buildin	g, land, or similar property?			
<b>.</b>	0 . 5	•					
_	Go to Part 2						
□ Yes	s. vvnere is i	the property?					
Part 2:	Describe Y	our Vehicles					
3. <b>Cars,</b> □ No ■ Yes	·	cks, tractors, sport ut	ility vehicles, motorcycles				
24 1	4-1 <b>K</b>	(ia	Who has an interest in	Who were noted O	Do not deduct secured	claims or exe	mptions. Put
	_	optima	Who has an interest in	tne property? Check one	the amount of any secu Creditors Who Have C	ured claims on	Schedule D:
		015	■ Debtor 1 only ■ Debtor 2 only				
	Approximate		5400 Debtor 1 and Debtor 2	2 only	Current value of the entire property?		value of the you own?
_	Other informa	ation:	At least one of the de	btors and another			
			Check if this is come (see instructions)	munity property	\$14,537.00		\$0.00
Exam <sub>j</sub> No □ Yes  Add you  Part 3:	ples: Boats s the dollar have attac Describe Y	, trailers, motors, person value of the portion you hed for Part 2. Write	TVs and other recreational vehonal watercraft, fishing vessels, snow own for all of your entries for that number hereehold Items able interest in any of the follow	owmobiles, motorcycle acce	entries for pages	portion yo	
				ving items?			
						Do not ded	ou own? luct secured exemptions.

6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

☐ No

Official Form 106A/B Schedule A/B: Property page 1

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Debtor 1	Muresan, M	aria Case number (if known)	
Yes.	Describe		****
		misc household goods and furniture	\$300.00
□No	les: Televisions a	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collect phones, cameras, media players, games	ctions; electronic devices
		32" TV, Samsung SMG360V	\$300.00
Examp  No Yes.  Requipm Examp  No Yes.  No Yes.  10. Fireard Exam No Yes.  11. Clothe	collections, r  Describe  nent for sports andles: Sports, photo instruments  Describe  ms  uples: Pistols, rifles  Describe	figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or inemorabilia, collectibles  nd hobbies graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and s, shotguns, ammunition, and related equipment	
□ No	, , ,	intes, rais, leather ecote, designer wear, shees, decessiones	
■ Yes.	Describe	Necessary clothing	\$250.00
□ No ■ Yes.  13. Non-fa Exam ■ No	ples: Everyday jew Describe	velry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold,  Misc Jewelry  birds, horses	silver\$800.00
☐ Yes.	Describe		
■ No □ Yes.	Give specific inf	ormation  of all of your entries from Part 3, including any entries for pages you have attached for niber here	\$1,650.00
	escribe Your Finan		
Do you o	wn or have any l	egal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 2

De	ebtor 1	Muresan, Maria	Docu	ument	Page 10 of 46 Case number (if known)	
	Cash	marcsan, maria				-
10.	Examp ■ No	, ,	in your wallet, in your home, in a	·	it box, and on hand when you file your petition	
17						
17.	Examp		gs, or other financial accounts; on have multiple accounts with		f deposit; shares in credit unions, brokerage hous stitution, list each.	ses, and other similar
	□ No			Institution	name:	
	■ Yes					
		1	7.1. Checking Account	Bank of	America	\$135.00
18.			ublicly traded stocks stment accounts with brokerage	e firms, mon	ey market accounts	
	■ No					
	☐ Yes		Institution or issuer name	:		
19.	Non-pu joint v		and interests in incorporated	and unince	orporated businesses, including an interest in	n an LLC, partnership, and
	_	Give specific informa	ation about them			
		•	Name of entity:		% of ownership:	
20.	Negotia Non-na ■ No	able instruments inclu	are those you cannot transfer to	checks, pron	nissory notes, and money orders.	
21.	Examp ☐ No		ERISA, Keogh, 401(k), 403(b)	, thrift savin	gs accounts, or other pension or profit-sharing p	ılans
	■ Yes.	List each account sep	parately. Type of account:	Institution	name:	
			Pension Plan		nion 25 SEIU Welfare Fund	unknown
22.	Your sl Examp ■ No		posits you have made so that yo	utilities (elec	nue service or use from a company tric, gas, water), telecommunications companies, name or individual:	or others
23.	Annuiti	ies (A contract for a p	eriodic payment of money to you	u, either for I	ife or for a number of years)	
	■ No □ Yes	Issuei	name and description.			
24.	Interest 26 U.S.0		A, in an account in a qualifie	d ABLE pro	gram, or under a qualified state tuition progr	am.
	■ No □ Yes	Institu	tion name and description. Sepa	arately file th	e records of any interests.11 U.S.C. § 521(c):	
25.	Trusts,	equitable or future	interests in property (other the	han anythir	ng listed in line 1), and rights or powers exerc	cisable for your benefit
	■ No □ Yes.	Give specific informa	ation about them			
26.			marks, trade secrets, and other names, websites, proceeds from			
	_	Give specific informa	ation about them			

De	ebtor 1	Muresan, Maria	Document	Page 11	Of 46 Case number (if known)	
	Examp ■ No	s, franchises, and other general intanging les: Building permits, exclusive licenses, co		oldings, liquor l	icenses, professional licenses	
M	oney or p	property owed to you?				Current value of the portion you own?  Do not deduct secured claims or exemptions.
28.	Tax refu ■ No	unds owed to you				
	☐ Yes. 0	Give specific information about them, includ	ling whether you alread	y filed the retur	ns and the tax years	
	■ No	support les: Past due or lump sum alimony, spousa	al support, child suppo	rt, maintenanc	e, divorce settlement, property s	settlement
	Examp  ■ No	mounts someone owes you les: Unpaid wages, disability insurance pays unpaid loans you made to someone e Give specific information		ts, sick pay, vad	cation pay, workers' compensati	ion, Social Security benefits;
	Interest	s in insurance policies les: Health, disability, or life insurance; heal	th savings account (HS	SA); credit, hom	neowner's, or renter's insurance	
	☐ Yes. I	Name the insurance company of each policy Company name:	y and list its value.	В	eneficiary:	Surrender or refund value:
32.		erest in property that is due you from so re the beneficiary of a living trust, expect pro			are currently entitled to receive p	property because someone has
		Give specific information				
33.		against third parties, whether or not you les: Accidents, employment disputes, insur			mand for payment	
		Describe each claim				
	Other c ■ No	ontingent and unliquidated claims of ev	ery nature, including	counterclaim	s of the debtor and rights to s	et off claims
	☐ Yes.	Describe each claim				
	Any fina ■ No	ancial assets you did not already list				
		Give specific information				
36		ne dollar value of all of your entries fron . Write that number here			•	\$135.00
Pa	rt 5: Des	cribe Any Business-Related Property You O	wn or Have an Interest I	n. List any real	estate in Part 1.	
37.	Do you o	wn or have any legal or equitable interest in	any business-related pr	operty?		
ı	No. Go	to Part 6.	•			
[	☐ Yes. G	o to line 38.				

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Case number (if known) Document Debtor 1 Muresan, Maria Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6: If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$0.00 Part 3: Total personal and household items, line 15 57. \$1,650.00 58. Part 4: Total financial assets, line 36 \$135.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$1,785.00 Copy personal property total \$1,785.00

\$1,785.00

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

		170.011110.	111 1 71(1), 1.3 (1) <del>4</del> (1	
Fill in this infor	mation to identify your	case:		
Debtor 1	Maria Muresan			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	<u> </u>
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS, EASTERN DIVISION	
Case number				
(if known)				☐ Check if this amended fil

#### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	Part 1:	Identify the Property You Claim as Exempt
--	---------	---

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B  Amount of the exemption you claim the portion you own  Check only one box for each exemption.			Specific laws that allow exemption		
misc household goods and furniture Line from Schedule A/B 6.1	\$300.00	•	\$300.00	735 ILCS 5/12-1001(b)		
Enternolli desiredate AVE. C.1		100% of fair market value, up to any applicable statutory limit				
32" TV, Samsung SMG360V Line from Schedule A/B 7.1	\$300.00		\$300.00	735 ILCS 5/12-1001(b)		
Life Holli Schedule AVD. 1.1			100% of fair market value, up to any applicable statutory limit			
Necessary clothing Line from Schedule A/B 11.1	\$250.00		\$250.00	735 ILCS 5/12-1001(a)		
Life Holli Schedule A.D. 11.1			100% of fair market value, up to any applicable statutory limit			
Misc Jewelry Line from Schedule A/B: 12.1	\$800.00		\$800.00	735 ILCS 5/12-1001(b)		
Life Holli Schedule A.D. 12.1			100% of fair market value, up to any applicable statutory limit			
Bank of America Line from Schedule A/B: 17.1	\$135.00	•	\$135.00	735 ILCS 5/12-1001(b)		
Line IIoiii Scriedule A/B. 17.1			100% of fair market value, up to any applicable statutory limit			

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	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
	Local Union 25 SEIU Welfare Fund	Gillanouri 🔲		735 ILCS 5/12-1006
	Line from Schedule A/B. 21.1		100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 to	. ,		
	■ No			
	☐ Yes. Did you acquire the property covered	by the exemption within	1,215 days before you filed this case?	
	□ No			
	☐ Yes			

Out	36 17 01200	Document	Page 15	of 46	<del></del>	VICIII
Fill in this informa	ation to identify you	ır case:				
Debtor 1	Maria Muresan					
	First Name	Middle Name	Last Name		}	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ban	kruptcy Court for the:	NORTHERN DISTRICT OF ILL	INOIS, EAST	ERN DIVISION		
Case number						
(if known)					_	k if this is an
					amen	ded filing
Official Form	106D					
		S Who Have Claims S	Secure	hy Property	N/	12/15
				<u> </u>	,	
		If two married people are filing togethe it, number the entries, and attach it to the				
I. Do any creditors h	nave claims secured by	y your property?				
☐ No. Check t	this box and submit th	nis form to the court with your other sc	hedules. You	have nothing else to rep	port on this form.	
Yes. Fill in a	all of the information b	pelow.				
Part 1: List All	Secured Claims					
•		more than one secured claim, list the cred	litor separately	Column A	Column B	Column C
for each claim. If mo	ore than one creditor has	s a particular claim, list the other creditors	in Part 2. As	Amount of claim Do not deduct the	Value of collateral	Unsecured
much as possible, ils	it the claims in alphabeti	ical order according to the creditor 's name	ь.	value of collateral.	that supports this claim	portion If any
	uto Finance	Describe the property that secures the	he claim:	\$20,680.00	\$14,537.00	\$6,143.00
Creditor's Name		2015 Kia Optima				
12800 Tuc	kahoe Creek					
Pkwy		As of the date you file, the claim is: 0 apply.	Check all that			
Richmond 23238-111	·	Contingent				
	City, State & Zip Code	☐ Unliquidated				
, , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Disputed				
Who owes the deb	ot? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as n	nortgage or sec	ured		
Debtor 2 only		car loan)				
Debtor 1 and Deb		Statutory lien (such as tax lien, mec	hanic's lien)			
_	e debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this cla community deb		Other (including a right to offset)				
Porto Ida estado	0047 04		0.440			
Date debt was incu	rred <u>2017-01</u>	Last 4 digits of account numb	er <u>9443</u>			
Add the dollar value	e of your entries in Co	lumn A on this page. Write that number	r here:	\$20,680	.00	
If this is the last pag		ne dollar value totals from all pages.		\$20,680	.00	
	iere.					
Part 2: List Other	ers to Be Notified fo	r a Debt That You Already Listed				
trying to collect from	m you for a debt you o	ne notified about your bankruptcy for a nowe to someone else, list the creditor in t you listed in Part 1, list the additional nis page.	Part 1, and th	en list the collection ag	ency here. Similarly, if	you have more
	er, Street, City, State & Auto Finance	Zip Code	On whi	ch line in Part 1 did you er	nter the creditor? 2.1	-
	kruptcy Departm	ent	Last 4 d	digits of account number	9443	
PO Box 4			2001 4 (		<u> </u>	
	v, GA 30160-9511					

	2000 17 01200 1	Document	Page 16	3 of 46	best main
Fill in this info	ormation to identify your o			7 (7) = (7	
Debtor 1	Maria Muresan				
DCDIOI I	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States I	Bankruptcy Court for the:	NORTHERN DISTRICT OF ILL	INOIS, EAST	ERN DIVISION	
Case number (if known)					☐ Check if this is an amended filing
Official Fo	rm 106E/F				
Schedule	E/F: Creditors W	ho Have Unsecured	Claims		12/15
Schedule G: Exe D: Creditors Who he Continuation ase number (if	cutory Contracts and Unexp o Have Claims Secured by Pr Page to this page. If you ha	roperty. If more space is needed, co we no information to report in a Part	o not include a py the Part yo	iny creditors with partially sec u need, fill it out, number the e	ured claims that are listed in Schedule entries in the boxes on the left. Attach
1. Do any cred	litors have priority unsecure	d claims against you?			
■ No. Go to	o Part 2.				
☐ Yes.					
	All of Your NONPRIORIT	Y Unsecured Claims			
3. Do any cred	litors have nonpriority unsec	cured claims against you?			
☐ No. You	have nothing to report in this p	art. Submit this form to the court with y	our other sche	dules.	
Yes.					
unsecured c	laim, list the creditor separately	aims in the alphabetical order of the y for each claim. For each claim listed, ist the other creditors in Part 3.If you ha	identify what ty	pe of claim it is. Do not list claim	
2.					Total claim
4.1 Medic	OCATE Illinois Masoni cal Center	C Last 4 digits of acco	ount number	3230	\$7,685.39
Nonprio	ority Creditor's Name	When was the debt	incurred?		
Carol Numbe	ox 4247 Stream, IL 60197-424 r Street City State Zlp Code curred the debt? Check one.		ile, the claim i	s: Check all that apply	
■ Deb	tor 1 only	☐ Contingent			
	otor 2 only	☐ Unliquidated			
	otor 1 and Debtor 2 only	☐ Disputed			
	east one of the debtors and and	•	ITY unsecured	I claim:	
	eck if this claim is for a com	П			
debt	claim subject to offset?			ration agreement or divorce that	you did not
■ No		☐ Debts to pension	or profit-sharing	g plans, and other similar debts	
☐ Yes		Other. Specify			

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Case number (f know)

Debtor 1 Muresan, Maria **ADVOCATE Illinois Masonic** 6938 \$10,850.43 4.2 **Medical Center** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 4247 Carol Stream, IL 60197-4247 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.3 ADVOCATE MEDICAL GROUP, Last 4 digits of account number 1917 \$105.00 Nonpriority Creditor's Name When was the debt incurred? 8350 W Bryn Mawr Ave FI 8 Chicago, IL 60631-2982 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another  $\square$  Check if this claim is for a community ☐ Student loans debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.4 **Bankamerica** Last 4 digits of account number 5790 \$5,190.00 Nonpriority Creditor's Name When was the debt incurred? 2017-01 PO Box 982238 El Paso, TX 79998-2238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Other. Specify ☐ Yes Revolving account

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Debtor 1 Muresan, Maria Case number (if know) 4.5 \$2,060.00 **Bk of Amer** Last 4 digits of account number 1608 Nonpriority Creditor's Name When was the debt incurred? 2016-02 PO Box 982238 El Paso, TX 79998-2238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify Revolving account 4.6 **Chase Card** Last 4 digits of account number 4605 \$12,990.00 Nonpriority Creditor's Name When was the debt incurred? 2008-06-16 PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Revolving account 4.7 **Chase Card** Last 4 digits of account number 8282 \$932.00 Nonpriority Creditor's Name When was the debt incurred? 2014-08-11 PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Revolving account

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Case number (f know)

Debtor 1 Muresan, Maria 4.8 \$247.00 **Chase Card** Last 4 digits of account number 3285 Nonpriority Creditor's Name When was the debt incurred? 2007-05-02 PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify Revolving account 4.9 Citi Last 4 digits of account number 5850 \$5,057.00 Nonpriority Creditor's Name When was the debt incurred? 2017-01 PO Box 6190 Sioux Falls, SD 57117-6190 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Revolving account 4.10 Comenity Bank/Carsons Last 4 digits of account number 6908 \$2,626.00 Nonpriority Creditor's Name When was the debt incurred? 2017-01 3100 Easton Square PI Columbus, OH 43219-6232 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Revolving account

Case 17-31288 Desc Main Filed 10/19/17 Entered 10/19/17 09:34:15 Doc 1

Page 20 of 46 Case number (f know) Document Debtor 1 Muresan, Maria

ST. JOSEPH HOSPITAL/SCL Health Syste	Last 4 digits of account numbe	r 4887	\$75.00
Nonpriority Creditor's Name	_	<del></del> -	<u> </u>
PO Box 912587 Denver, CO 80291-2587	When was the debt incurred?		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the clair	n is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecu	red claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a se report as priority claims	paration agreement or divorce that you did not	
■ No	Debts to pension or profit-sha	ring plans, and other similar debts	
Yes	Other. Specify		
Part 3: List Others to Be Notified About a Debt	That You Already Listed		
5. Use this page only if you have others to be notified ab is trying to collect from you for a debt you owe to son have more than one creditor for any of the debts that notified for any debts in Parts 1 or 2, do not fill out or	neone else, list the original creditor you listed in Parts 1 or 2, list the ad	in Parts 1 or 2, then list the collection agency h	ere. Similarly, if you
	On which entry in Part 1 or Part 2 did y		
Bank of America L NC4-105-03-14	ine <b>4.4</b> of ( <i>Check one</i> ):	Part 1: Creditors with Priority Unsecured Claim	
PO Box 26012		Part 2: Creditors with Nonpriority Unsecured C	laims
Greensboro, NC 27420-6012			
	ast 4 digits of account number	5790	
	On which entry in Part 1 or Part 2 did y		
	ine <u><b>4.5</b></u> of ( <i>Check one</i> ):	Part 1: Creditors with Priority Unsecured Claim	
NC4-105-03-14 PO Box 26012		Part 2: Creditors with Nonpriority Unsecured C	laims
Greensboro, NC 27420-6012			
L	ast 4 digits of account number	1608	
Name and Address C	On which entry in Part 1 or Part 2 did y	ou list the original creditor?	
	ine <b>4.6</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claim	s
Attn: Correspondence Dept PO Box 15298		■ Part 2: Creditors with Nonpriority Unsecured C	laims
Wilmington, DE 19850-5298			
	ast 4 digits of account number	4605	
	On which entry in Part 1 or Part 2 did y	<u> </u>	
	ine <u>4.7</u> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claim	
Attn: Correspondence Dept PO Box 15298		Part 2: Creditors with Nonpriority Unsecured C	laims
Wilmington, DE 19850-5298			
	ast 4 digits of account number	8282	
Name and Address C	On which entry in Part 1 or Part 2 did y	ou list the original creditor?	
	ine <b>4.8</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claim	s
Attn: Correspondence Dept		■ Part 2: Creditors with Nonpriority Unsecured C	laims
PO Box 15298 Wilmington, DE 19850-5298			
	ast 4 digits of account number	3285	
Name and Address C	On which entry in Part 1 or Part 2 did y	ou list the original creditor?	
		Part 1: Creditors with Priority Unsecured Claim	S
PO Box 182125		■ Part 2: Creditors with Nonpriority Unsecured C	laims
Columbus, OH 43218-2125	ast 4 digits of account number	6908	

Official Form 106 E/F

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Debtor 1 Muresan, Maria

Name and Address **Costco Go Anywhere Citicard** Centralized Bk/Citicorp Credit Card

Srvs PO Box 790040 Saint Louis, MO 63179-0040 On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5850

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims	0-	Obligations spiriture out of a consention assessment and business that		
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 18,715.82
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 18,715.82

			<u> </u>	
Fill in this infor	mation to identify your	case:		
Debtor 1	Maria Muresan			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS, EASTERN DIVISION	<u>N</u>
Case number (if known)				

#### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number,	whom you have the Street, City, State and ZIP	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			<del>_</del>
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.5					_
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>

		Docume	<u>nt Page 23 o</u>	<u>ıf 46                                     </u>	
Fill in this	information to identify your	case:			
Debtor 1	Maria Muresan				
JODIOI 1	First Name	Middle Name	Last Name		
Debtor 2					
Spouse if, filin	g) First Name	Middle Name	Last Name		
Jnited Stat	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTER	N DIVISION	
Casa numh	oor				
Case numb if known)				☐ Check if this is an	
				amended filing	
Official	Form 106H				
Sched	ule H: Your Cod	ebtors		12	/15
<del></del>	alo III. I odi oda			12	
ase numbe	er (if known). Answer every o	question.		On the top of any Additional Pages, write your nan	ne and
1. Do y	ou have any codebtors? (If	you are filing a joint case, do	not list eitner spouse as	a codeptor.	
■ No					
☐ Yes					
Californ	nin the last 8 years, have you nia, Idaho, Louisiana, Nevada, Go to line 3. Did your spouse, former spou	, New Mexico, Puerto Rico,	Texas, Washington, and	<b>?</b> (Community property states and territories include Ard Wisconsin.)	izona,
3. In Colu	ımn 1, list all of your codebt again as a codebtor only if th Schedule E/F (Official Form	ors. Do not include your s nat person is a guarantor (	pouse as a codebtor if or cosigner. Make sure	your spouse is filing with you. List the person sho you have listed the creditor on Schedule D (Officia e Schedule D, Schedule E/F, or Schedule G to fill ou	l Form
(	Column 1: Your codebtor			Column 2: The creditor to whom you owe the de	ebt
	Name, Number, Street, City, State and Z	ZIP Code		Check all schedules that apply:	
				Подельна В Ген	
3.1	Name			☐ Schedule D, line	
				☐ Schedule E/F, line ☐ Schedule G, line	
_				Scriedule G, lifle	
	Number Street	Otata	710.0-1-	_	
(	City	State	ZIP Code		
				_	
3.2	Nama			Schedule D, line	
ſ	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
(	City	State	ZIP Code		

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							_				
Fill	in this information to identify	your ca	se:								
Del	btor 1 Maria	Mures	an								
_	btor 2										
Uni	ited States Bankruptcy Court	t for the:	NORTHERN DISTRIC	CT OF ILLINOIS,	EASTERN						
Cas	se number						Ch	eck if this is			
(If kr	nown)			•			1	An amende	J		
								A supplemincome as		g postpetition wing date:	chapter 13
	fficial Form 106l							MM / DD/	YYYY		
S	chedule I: Your	Inco	me								12/15
spo atta	plying correct information. use. If you are separated a ch a separate sheet to this  Describe Employ	nd your form. O	spouse is not filing with	h you, do not inc	lude inforn	natio	n abou	t your spou	ise. If more	e space is ne	eded,
1.	Fill in your employment information.			Debtor 1				Debtor 2	2 or non-fi	iling spouse	
	If you have more than one j	ob,		☐ Employed				☐ Empl	oyed		
	attach a separate page with information about additional employers.		Employment status	■ Not employ	ed			☐ Not e	employed		
	employers.		Occupation					·			
	Include part-time, seasona self-employed work.	al, or	Employer's name								
	Occupation may include st homemaker, if it applies.	tudent or	Employer's address								
			How long employed th	ere?							
Pai	rt 2: Give Details Abo	out Mont	hly Income								
	mate monthly income as o	f the dat	e you file this form. If yo	ou have nothing to	report for a	ny lir	e, write	\$0 in the sp	ace. Includ	le your non-fili	ng spouse
,	ou or your non-filing spouse ha		' '	oine the informatio	on for all emp	oloye	s for the	at person on	the lines b	elow. If you ne	eed more
							For D	Debtor 1		btor 2 or ing spouse	
2.	List monthly gross wage deductions). If not paid mo		,	, ,	2.	9	;	0.00	\$	N/A	-
3.	Estimate and list monthly	y overtir	ne pay.		3.	+\$	S	0.00	+\$	N/A	-
4	Calculate gross Income	Add line	2 + line 3		4	9	<del>_</del>	0.00	\$	N/A	

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Debtor	1 Muresan, Maria	_	Case r	number (if known)		
			For	Debtor 1	For Debtor	
С	Copy line 4 here	4.	\$	0.00	\$	N/A
5. <b>L</b>	ist all payroll deductions:					
_	ia. Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A
	bb. Mandatory contributions for retirement plans	5b.	<u>\$</u> —	0.00	\$	N/A
	ic. Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	N/A
	id. Required repayments of retirement fund loans	5d.	\$_	0.00	\$	N/A
	ie. Insurance	5e.	<u>\$</u> —	0.00	\$	N/A
	if. Domestic support obligations	5f.	\$ <u> </u>	0.00	\$	N/A
	ig. Union dues	5g.	<u>*</u> —	0.00	\$	N/A
	ih. Other deductions. Specify:	5h.+	\$		+ \$	N/A
6. <b>A</b>	Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	 6.	\$	0.00	\$	N/A
	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	N/A
			* —	0.00	<u> </u>	19/7
	List all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-	<b>c</b>		œ.	
0	monthly net income.	8a.	»—	0.00	\$	N/A
_	Bb. Interest and dividends  Gc. Family support payments that you, a non-filing spouse, or a depender regularly receive	8b. <b>it</b>	\$	0.00	\$	N/A
	Include alimony, spousal support, child support, maintenance, divorce	90	\$	0.00	œ	NI/A
0	settlement, and property settlement.	8c.	\$ 	0.00	\$ \$	N/A
	Bd. Unemployment compensation Dec. Social Security	8d. 8e.	\$ 	0.00 1,101.00	\$	N/A N/A
	other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:		\$ \$	0.00	\$ \$	N/A
8	g. Pension or retirement income	—— 8g.	<u> </u>	620.00	\$	N/A
	th. Other monthly income. Specify:	8h.+	\$		+ \$	N/A
9. <b>A</b>	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,721.00	\$	N/A
	Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	1	,721.00 + \$_	N/A	= \$ 1,721.00
Ir of D	State all other regular contributions to the expenses that you list in Schedulinclude contributions from an unmarried partner, members of your household, your other friends or relatives. To not include any amounts already included in lines 2-10 or amounts that are not a specify:	dependent		•		+\$0.00
	Add the amount in the last column of line 10 to the amount in line 11. The re Write that amount on the Summary of Schedules and Statistical Summary of Certa			•	40	\$1,721.00
13. <b>D</b>	Do you expect an increase or decrease within the year after you file this form	n?				Combined monthly income
	No.					

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Fill in this infor	rmation to identify yo	ur case:					
Debtor 1	Maria Mures	an			Chec	ck if this is:	
Debtor 2					_	An amended filing A supplement show	ring postpetition chapter 1
(Spouse, if filing	)					expenses as of the	
United States Ba	ankruptcy Court for the:		IERN DISTRICT OF ILLING RN DIVISION	OIS,	-	MM / DD / YYYY	
Case number (If known)							
	orm 106J						
	le J: Your I						12/
information. I (if known). Ar Part 1: De	f more space is nee nswer every question escribe Your House	eded, attac on.	If two married people are th another sheet to this fo				
	joint case?						
_	o to line 2. Does Debtor 2 live i	n a separa	te household?				
_	☐ No ☐ Yes. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses t</i>	or Separate Househ	oldof Debtor	· 2.	
2. Do you h	nave dependents?	■ No					
Do not lis Debtor 2.	st Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
Do not st							□No
depende	nts names.						☐ Yes ☐ No
							☐ Yes
				•			□ No
							☐ Yes ☐ No
							☐ Yes
expense	expenses include s of people other the and your depender	nan 👝	No Yes				
Estimate you	of a date after the b	ur bankrı	y Expenses ptcy filing date unless yo is filed. If this is a supple				
	assistance and ha		overnment assistance if your l			Your exp	enses
	al or home ownersl and any rent for the		ses for your residence. Ind	clude first mortgage	4. \$	i	785.00
If not inc	cluded in line 4:						
4a. Re	eal estate taxes				4a. \$	<b>;</b>	0.00
4b. Pr	operty, homeowner's				4b. \$		0.00
	me maintenance, re				4c. \$		0.00
	meowner's associati		ominium dues ur residence, such as hom	e equity loans	4d. \$ 5. \$		0.00

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Debtor 1	Muresar	n, Maria	Case num	ber (if known)	
6. <b>Uti</b>	lities:				
6a.		heat, natural gas	6a.	\$	70.00
6b.	-	wer, garbage collection	6b.	·	
				·	0.00
6c.	•	e, cell phone, Internet, satellite, and cable services	6c.	·	0.00
6d.		·	6d.	•	0.00
. Fo	od and house	ekeeping supplies	7.	\$	400.00
. Ch	ildcare and c	hildren's education costs	8.	\$	0.00
. Clo	othing, laund	ry, and dry cleaning	9.	\$	200.00
0. <b>Pe</b> i	rsonal care p	roducts and services	10.	\$	200.00
	•	ntal expenses	11.		50.00
		Include gas, maintenance, bus or train fare.	• • • •	<u> </u>	30.00
	not include c		12.	\$	200.00
		clubs, recreation, newspapers, magazines, and books	13.		0.00
		ributions and religious donations	14.	·	0.00
		indutions and rengious donations	14.	Ψ	0.00
-	surance.	sources and distant from your pay or included in lines 4 or 20			
		surance deducted from your pay or included in lines 4 or 20.	150	¢	0.00
	a. Life insura		15a.	·	0.00
	b. Health ins		15b.	·	0.00
150	c. Vehicle ins	surance	15c.	·	110.00
150	d. Other insu	rance. Specify:	15d.	\$	0.00
6. <b>Ta</b> :	xes. Do not in	clude taxes deducted from your pay or included in lines 4 or 20.			
Spe	ecify:	, , ,	16.	\$	0.00
7. <b>Ins</b>	tallment or le	ease payments:			
		ents for Vehicle 1	17a.	\$	349.00
		ents for Vehicle 2	17b.	\$	0.00
	c. Other. Spe		17c.	·	0.00
	d. Other. Spe		—— 17d. 17d.	·	0.00
				Ψ	0.00
		of alimony, maintenance, and support that you did not report as	18.	\$	0.00
		your pay on line 5, Schedule I, Your Income (Official Form 106l). s you make to support others who do not live with you.	10.	\$	0.00
		s you make to support others who do not live with you.	40	Ψ	0.00
	ecify:	artic expenses not included in lines 4 or 5 of this form or on Cobo	19.	ur Incomo	
		erty expenses not included in lines 4 or 5 of this form or on Sche	20a.		0.00
					0.00
	b. Real estat		20b.	·	0.00
200	c. Property, h	nomeowner's, or renter's insurance	20c.	·	0.00
200	d. Maintenan	ce, repair, and upkeep expenses	20d.	\$	0.00
206	e. Homeown	er's association or condominium dues	20e.	\$	0.00
1. Oth	her: Specify:		21.	+\$	0.00
				·	
2. <b>Ca</b>	Iculate your	monthly expenses			
228	a. Add lines 4	through 21.		\$	2,364.00
22k	b. Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
		a and 22b. The result is your monthly expenses.		s	2,364.00
220	J. 7 GG III G ZZ	Zana ZZD. The reductio your monthly expended.			2,304.00
3. <b>Ca</b>	Iculate your	monthly net income.			
238	a. Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	1,721.00
		monthly expenses from line 22c above.	23b.	-\$	2,364.00
-	, , ,	• •			
230	c. Subtract v	our monthly expenses from your monthly income.			
200		is your monthly net income.	23c.	\$	-643.00
	THE TOOUR	youo.iny not moonly.			
4. <b>Do</b>	you expect a	an increase or decrease in your expenses within the year after yo	u file this f	orm?	
For	example, do yo	ou expect to finish paying for your car loan within the year or do you expect you			or decrease because of a
mod	dification to the	terms of your mortgage?			
	No.				
	Yes.	Explain here:			
	1 53.	Explain note.			

Debtor 1  Maria Muresan First Name  Middle Name  Last Name  Middle Name  Last Name  Middle Name  Last Name	
First Name Middle Name Last Name  Debtor 2 (Spouse if, filing) First Name Middle Name Last Name	
Debtor 2 (Spouse if, filing) First Name Middle Name Last Name	
(Spouse if, filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION	
Case number	
(if known) Check if t amended	
Official Form 106Dec	
Declaration About an Individual Debtor's Schedules	12/15
f two married people are filing together, both are equally responsible for supplying correct information.	
You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing proportation must file from the foot in the file of	perty, or
years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.	r up to 20
Sign Below	
Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?	
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Prepa	rer's Notice,
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No	rer's Notice, al Form 119)
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Prepa.  Declaration, and Signature (Official)	<i>rer's Notice,</i> al Form 119)
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Prepa	<i>rer's Notice,</i> al Form 119)
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Prepa.  Declaration, and Signature (Official Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.	<i>rer's Notice,</i> al Form 119)
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Prepa Declaration, and Signature (Offici  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X  WAYA  X	<i>rer's Notice,</i> al Form 119)
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Prepa.  Declaration, and Signature (Official Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.	rer's Notice, al Form 119)

		Docume	nt Page 29 of 4	<u> </u>	
Fill in this informa	tion to identify your	case:			
Debtor 1	Maria Muresan				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS, EASTERN D	DIVISION	
Case number					☐ Check if this is an amended filing

#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Pai	rt 1: Summarize Your Assets		
		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	1,785.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	1,785.00
Pai	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	20,680.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e &chedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j &chedule E/F	\$	47,817.82
	Your total liabilities	\$	68,497.82
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I	\$	1,721.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,364.00
Pai	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your of	her schedu	les.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a p purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159.	ersonal, fan	nily, or household
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this be court with your other schedules.	ox and subn	nit this form to the

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8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.	\$ 620.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	1
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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Fill	in this inform	ation to identify your	case:		
Deb	otor 1	Maria Muresan			
		First Name	Middle Name	Last Name	
	otor 2 use if, filing)	First Name	Middle Name	Last Name	
Lini	ted States Ban	kruptcy Court for the:	NORTHERN DISTRICT OF ILLII	NOIS, EASTERN DIVISION	
		induptoy Court for the.			
	se number nown)				☐ Check if this is an
					amended filing
Of	ficial For	m 107			
Sta	atement	of Financial A	Affairs for Individuals	s Filing for Bankruptcy	4/16
				together, both are equally responsibl	
		ore space is needed, a er every question.	ttach a separate sheet to this form	n. On the top of any additional pages,	write your name and case number
Par		50 190 100 1 <b>5</b> 0 1 <b>5</b> 0 120 120 120 120 120 120 120 120 120 12	ital Status and Where You Lived	Boforo	
Fell				Delore	
1.	What is your	current marital status	:?		
	☐ Married				
	☐ Not marr	ried			
2.	During the la	st 3 years, have you li	ved anywhere other than where y	ou live now?	,
	□ No				
	Yes. List	all of the places you live	ed in the last 3 years. Do not include	where you live now.	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Address:	Dates Debtor 2 lived there
	1606 W Mo		From-To: <b>05/17 - 07/17</b>	☐ Same as Debtor 1	☐ Same as Debtor 1 From-To:
	6142 N Ca	lifornia Ave	From-To:	☐ Same as Debtor 1	☐ Same as Debtor 1
		L 60659-2687	01/17 - 05/17	a came as sessor i	From-To:
			2		
	19612 E 60	Oth Dr	From-To:	☐ Same as Debtor 1	☐ Same as Debtor 1
	Aurora, Co	O 80019-2181	02/14 - 01/17		From-To:
3.	Within the la	st 8 years, did you eve	er live with a spouse or legal equi	valent in a community property state	or territory? (Community property
	es and territorie	es include Arizona, Cali	fornia, Idaho, Louisiana, Nevada, N	ew Mexico, Puerto Rico, Texas, Washin	gton and Wisconsin.)
	■ No				
	ALC: NO.	ke sure you fill out Sche	dule H: Your Codebtors (Official For	m 106H).	
-	40 Flei	- th - 0 f V	To a district		
Par	t 2 Explain	n the Sources of Your	Income		
4.	Fill in the tota	I amount of income you		iness during this year or the two previesses, including part-time activities.	ious calendar years?
	_	, Jaco 2.10 jou 11	, , , togotilor		
	■ No	in the details			
	☐ Yes. Fill	in the details.			
Off.	ial Farm 107		Debtor 1	Debtor 2	· Statement
Offic	ial Form 107		Statement of Financial Affairs for	Individuals Filing for Bankruptcy	page '

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Debtor 1 M	uresan, M	aria		Cas	e number(if known)	
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
Include in other publ	come regardi ic benefit pay	less of whethe yments; pensi	er that income is taxable. Exa ons; rental income; interest;	o previous calendar years? mples of other income are alime dividends; money collected from together, list it only once under [	lawsuits; royalties; and gar	Security, unemployment, and mbling and lottery winnings. It
List each	source and th	ne gross incor	me from each source separat	tely. Do not include income that	you listed in line 4.	
□ No						
Yes.	Fill in the de	etails.				
			Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of Income Describe below.	Gross income (before deductions and exclusions)
From January the date you			pension	\$5,580.00		
			social security	\$10,890.00		· • • • • • • • • • • • • • • • • • • •
For last calen (January 1 to		31, 2016 )	pension	\$7,447.20		
			social security	\$14,470.00		
For the calendary 1 to			pension	\$7,447.00		
			social security	\$14,471.00		
Part 3: Lis	t Certain Pa	yments You	Made Before You Filed for	· Bankruptcy		
6. Are eithe	r Debtor 1's	or Debtor 2's	s debts primarily consume	er dehts?		
□ No.	Neither De	ebtor 1 nor D	•	umer debts. Consumer debts	are defined in 11 U.S.C. §	101(8) as "incurred by an
	•	•	• • •	d you pay any creditor a total of	\$6,425* or more?	
	□ <sub>No.</sub> □ <sub>Yes</sub>	Go to line 7		14 - A-A-I - 6 00 4054 In -		.b 4-4-1
		creditor. Do payments to	o not include payments for do o an attorney for this bankrup		ch as child support and ali	imony. Also, do not include
_		•		s after that for cases filed on or	after the date of adjustment	<b>t.</b>
■ Yes.			r both have primarily cons re you filed for bankruptcy, di	sumer debts. id you pay any creditor a total of	\$600 or more?	
	■ No.	Go to line 7	<b>'.</b>			
	□ <sub>Yes</sub>		or domestic support obligatio	id a total of \$600 or more and th ns, such as child support and al		
Creditor	's Name and	d Address	Dates of payn	nent Total amount paid	Amount you Was t	this payment for

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	btor 1	Muresan, Maria	Case number(if known)					
7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.							
		Νο						
	_ `	Yes. List all payments to an insider.						
	Insid	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this p	ayment	
8.	inside	n 1 year before you filed for bankruptcy er? de payments on debts guaranteed or cosigr		ents or transfer an	y property on acc	count of a debt that	benefited an	
		No						
	<b>=</b> \	Yes. List all payments to an insider						
		der's Name and Address	Dates of payment	Total amount	Amount you still owe	Reason for this p		
	102	nes Valentin N Hamlin Blvd Unit C2 cago, IL 60624-2332	04/17	\$2,300.00	\$0.00	gift to pay his taxes	real estate	
	102	nes Valentin N Hamlin Blvd Unit C2 cago, IL 60624-2332	03/17	\$500.00	\$500.00	gift to pay park	king tickets	
9.	Within List all and co	Identify Legal Actions, Repossessions n 1 year before you filed for bankruptcy Il such matters, including personal injury ca ontract disputes.	, were you a party in any	lawsuit, court actilition so	on, or administrat uits, paternity action	tive proceeding? ns, support or custod	y modifications,	
		Yes. Fill in the details.						
		e title e number	Nature of the case	Court or agency		Status of the cas	e	
10.		n 1 year before you filed for bankruptcy k all that apply and fill in the details below		ty repossessed, fo	reclosed, garnish	ed, attached, selzed	d, or levied?	
		No. Go to line 11. Yes. Fill in the information below.						
	Cred	litor Name and Address	Describe the Property		Date		Value of the	
			Explain what happened				property	
11.	accou	n 90 days before you filed for bankrupt unts or refuse to make a payment becar No Yes. Fill in the details.		ding a bank or fina	incial institution,	set off any amounts	s from your	
	_	ditor Name and Address	Describe the action the	creditor took	Date taken	action was	Amount	
12.		in 1 year before you filed for bankrupto -appointed receiver, a custodian, or an		ty in the possessic			reditors, a	
	_	No Yes						

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De	btor 1 Muresan, Maria	Case number	er (if known)					
Pa	rt 5: List Certain Gifts and Contribution	ns						
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  ☐ No							
	Yes. Fill in the details for each gift.							
	Gifts with a total value of more than \$60 person	00 per Describe the gifts	Dates you gave the gifts	Value				
	Person to Whom You Gave the Gift and Address:	_						
	James Valentin 102 N Hamlin Blvd Unit C2 Chicago, IL 60624-2332	washer and dryer	02/17	\$1,000.00				
	Person's relationship to you: grandson							
14.	Within 2 years before you filed for banks ■ No*  Yes. Fill in the details for each gift or c	ruptcy, did you give any gifts or contributions with a tot	al value of more than \$6	600 to any charity?				
	Gifts or contributions to charities that more than \$600 Charity's Name	total Describe what you contributed	Dates you contributed	Value				
	Address (Number, Street, City, State and ZIP Cod	de)						
Pa	rt 6: List Certain Losses			· · · ·				
15.	Within 1 year before you filed for bankru or gambling?	uptcy or since you filed for bankruptcy, did you lose any	thing because of theft,	fire, other disaster,				
	■ No □ Yes. Fill in the details.							
	Describe the property you lost and	Describe any insurance coverage for the loss	Date of your	Value of property				
	how the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	loss	lost				
Pa	rt 7: List Certain Payments or Transfer	rs						
16.	consulted about seeking bankruptcy or	uptcy, did you or anyone else acting on your behalf pay preparing a bankruptcy petition? reparers, or credit counseling agencies for services required i		y to anyone you				
	□ No							
	Yes. Fill in the details.							
	Person Who Was Paid Address Email or website address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment				
	Person Who Made the Payment, if Not \	You 0.00	09/26/17	\$750.00				
	Heller & Richmond, Ltd. 33 N Dearborn St Ste 1907 Chicago, IL 60602-3828	0.00	09/20/17	\$730.00				
17.		uptcy, did you or anyone else acting on your behalf pay ditors or to make payments to your creditors? you listed on line 16.	or transfer any propert	y to anyone who				
	■ No							
	☐ Yes. Fill in the details.							
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment				

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Del	btor 1 Muresan, Maria			Case num	nber(if known)	
18.	Within 2 years before you filed for bankrupt transferred in the ordinary course of your b include both outright transfers and transfers magifts and transfers that you have already listed on the second seco	usiness or financial affa de as security (such as th	irs?	• •		• • •
	Yes. Fill in the details.					
	Person Who Received Transfer Address	Description and property transfer		paym	ribe any property or ents received or debts n exchange	Date transfer was made
	Person's relationship to you					
	unknown	2005 Chrysler	Sebring	\$2,00	00	10/2016
	co-worker of daughter					
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-profile No  Yes. Fill in the details.		y property to a	self-settled	l trust or similar device o	of which you are a
	Name of trust	Description and	value of the pro	perty trans	ferred	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Ins	struments, Safe Deposit	Boxes, and Sto	rage Units		
20.	<ul> <li>Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?</li> <li>Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of acco instrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?					
	□ No					
	Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, and ZIP Code)		Describe	the contents	Do you still have it?
	BANK OF AMERICA	Felicia Muresa	n	misc Je	welry	□ No
	3350 W Diversey Ave Chicago, IL 60647-1335	1525 N Kolin A Chicago, IL, 60	*		•	■ Yes
22.	Have you stored property in a storage unit of	or place other than your	home within 1	year before	you filed for bankruptc	y?
					•	
	□ No ■ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, and ZIP Code)		Describe	the contents	Do you still have it?
	Public Storage 2638 N Pulaski Rd Chicago, IL 60639-2118			boxes o	of clothing	■ No □ Yes

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De	btor 1 Muresan, Maria		Case number(if known)			
Pai	rt 9: Identify Property You Hold or Control for	Someone Else				
23.	Do you hold or control any property that someo someone.	ne else owns? Include any property	you borrowed from, are storing fo	r, or hold in trust for		
	■ No					
	No Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value		
Pa	rt 10: Give Details About Environmental Informa	ation				
or	the purpose of Part 10, the following definitions a	apply:				
	Environmental law means any federal, state, or toxic substances, wastes, or material into the ai controlling the cleanup of these substances, wa Site means any location, facility, or property as	local statute or regulation concernir r, land, soil, surface water, groundw istes, or material. defined under any environmental la	ater, or other medium, including st	atutes or regulations		
	own, operate, or utilize it, including disposal site Hazardous material means anything an environ material, pollutant, contaminant, or similar term	mental law defines as a hazardous v	vaste, hazardous substance, toxic s	substance, hazardous		
Ren	port all notices, releases, and proceedings that yo		hey accurred.			
•	Has any governmental unit notified you that you	. •	•	ental law?		
. <del></del> .	has any governmental unit notined you that you	a may be hable or potentially hable t	inder of in violation of an environin	ientai iaw r		
	No					
	Yes. Fill in the details.  Name of site	Governmental unit	Environmental law, if you	Date of notice		
	Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)	<del>-</del>	Date of House		
<b>!</b> 5.	Have you notified any governmental unit of any	eve you notified any governmental unit of any release of hazardous material?				
	■ No					
	☐ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
26.	Have you been a party in any judicial or adminis	strative proceeding under any enviro	onmental law? include settlements	and orders.		
	■ No					
	Yes. Fill in the details.					
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case		
Pai	rt 11: Give Details About Your Business or Con	nections to Any Business				
	lithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?					
	☐ A sole proprietor or self-employed in a t	•	•	y business r		
	☐ A member of a limited liability company	•	·			
	☐ A partner in a partnership	(EEO) or miniou nability partnership	(LLF)			
	☐ An officer, director, or managing execut	ive of a corneration				
	☐ An owner of at least 5% of the voting or					
	- All Child of at least 3 % of the Actilia of	equity securities of a corporation				

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Debtor 1 Muresan, Maria		Case number (if known)
■ No. None of the above applies. Go to	Part 12.	
Yes, Check all that apply above and fi	ll in the details below for each business.	
Business Name Address	Describe the nature of the business	Employer Identification number
(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.
	•	Dates business existed
<ol> <li>Within 2 years before you filed for bankrup institutions, creditors, or other parties.</li> </ol>	tcy, did you give a financial statement to a	nyone about your business? Include all financial
■ No		
☐ Yes. Fill in the details below.		
Name	Date Issued	
Address (Number, Street, City, State and ZIP Code)		
Part 12: Sign Below		
I have read the answers on this Statement of Fir true and correct. I understand that making a fak bankruptcy case can result in fines up to \$250,0 16 U.S.C. §§ 152, 1341, 1519, and 3571.  Maria Muresan Signature of Debtor 1	se statement, concealing property, or obtain	declare under penalty of perjury that the answers are ining money or property by fraud in connection with a both.
Signature of Deptor 1		
Date September 26, 2017	Date	
Did you attach additional pages to <i>Your Stateme</i> ■ No	ent of Financial Affairs for Individuals Filin	g for Bankruptcy (Official Form 107)?
☐ Yes		
Did you pay or agree to pay someone who is no	t an attorney to help you fill out bankrupto	y forms?
	uptcy Petition Preparer's Notice, Declaration, a	and Signature (Official Form 119).

ADVOCATE Illinois Masonic Medical Center PO Box 4247 Carol Stream, IL 60197-4247

ADVOCATE MEDICAL GROUP, 8350 W Bryn Mawr Ave Fl 8 Chicago, IL 60631-2982

Bank of America NC4-105-03-14 PO Box 26012 Greensboro, NC 27420-6012

Bankamerica PO Box 982238 El Paso, TX 79998-2238

Bk of Amer PO Box 982238 El Paso, TX 79998-2238

Carmax Auto Finance 12800 Tuckahoe Creek Pkwy Richmond, VA 23238-1115

Carmax Auto Finance Attn: Bankruptcy Department PO Box 440609 Kennesaw, GA 30160-9511 Chase Card Attn: Correspondence Dept PO Box 15298 Wilmington, DE 19850-5298

Chase Card
PO Box 15298
Wilmington, DE 19850-5298

Citi PO Box 6190 Sioux Falls, SD 57117-6190

Comenity Bank/Carsons 3100 Easton Square Pl Columbus, OH 43219-6232

Comenity Bank/Carsons PO Box 182125 Columbus, OH 43218-2125

Costco Go Anywhere Citicard Centralized Bk/Citicorp Credit Card Srvs PO Box 790040 Saint Louis, MO 63179-0040

ST. JOSEPH HOSPITAL/SCL Health Syste PO Box 912587 Denver, CO 80291-2587

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### United States Bankruptcy Court Northern District of Illinois, Eastern Division

IN RE:	Case No.
Muresan, Maria	Chapter 7
Debtor(s)	•
VERIFICATIO	ON OF CREDITOR MATRIX
	Number of Creditors13
The above-named Debtor(s) hereby verifies that the list	st of creditors is true and correct to the best of my (our) knowledge.
Date: September 26, 2017 L Maris	a Myresan
Debtor	
Ioint Debtor	

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Debtor 1 Muresan, Maria	Case number (if known)
Description of leased Property:	☐ Yes
Lessor's name: Description of leased Property:	□ No
Lessor's name:	☐ Yes
Description of leased Property:	□ Yes
Lessor's name: Description of leased	□ No
Property: Lessor's name:	☐ Yes
Description of leased Property:	□ No □ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention about property that is subject to an unexpired lease.  Maria Muresan  Signature of Debtor 1	
Date September 26, 2017 Date	ate

 $_{\rm B201B~(Form~2}\mbox{Gase}/\mbox{Gase}/\mbox{17-31288}$ 

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United States Bankruptcy Court	
Northern District of Illinois, Eastern Division	

IN RE:		Case No.
Muresan, Maria		Chapter 7
·	Debtor(s)	•

## CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)

UNDER	§ 342(b) OF THE BANKRUPTCY CODE	E
Certificate of	[Non-Attorney] Bankruptcy Petition Pre	parer
I, the [non-attorney] bankruptcy petition prepare notice, as required by § 342(b) of the Bankruptc		t I delivered to the debtor the attached
Printed Name and title, if any, of Bankruptcy Pe Address:	petiti the S princ	al Security number (If the bankruptcy on preparer is not an individual, state ocial Security number of the officer, ipal, responsible person, or partner of ankruptcy petition preparer.)
XSignature of Bankruptcy Petition Preparer of off partner whose Social Security number is provide	cer, principal, responsible person, or	uired by 11 U.S.C. § 110.)
	Certificate of the Debtor	
I (We), the debtor(s), affirm that I (we) have rec	eived and read the attached notice, as required by	y § 342(b) of the Bankruptcy Code.
Muresan, Maria	X /s/ Maria Muresan	10/17/2017
Printed Name(s) of Debtor(s)	Signature of Debtor	Date
Case No. (if known)	X	
	Signature of Joint Debtor	(if any) Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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B201B (Form 201B) (12/09)

#### United States Bankruptcy Court Northern District of Illinois, Eastern Division

IN RE:	Case No
Muresan, Maria	Chapter 7
Debtor(s)	
CERTIFICATION OF NOTICE TO CON UNDER § 342(b) OF THE BANKR	
Certificate of [Non-Attorney] Bankrupto	cy Petition Preparer
I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, is notice, as required by § 342(b) of the Bankruptcy Code.	hereby certify that I delivered to the debtor the attached
Printed Name and title, if any, of Bankruptcy Petition Preparer Address:	Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
x	(Required by 11 U.S.C. 8 110.)
X	on, or
Certificate of the Debte	or
I (We), the debtor(s), affirm that I (we) have received and read the attached noti	ice, as required by § 342(b) of the Bankruptcy Code.
Muresan, Maria X	rra Muresan 9/26/2017
Printed Name(s) of Debtor(s)	re of Debtor Date
Case No. (if known) X	
Signatur	re of Joint Debtor (if any) Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Northern District of Illinois, Eastern Division

In re	Muresan, Maria		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPEN	NSATION OF ATTO	RNEY FOR D	EBTOR	
C	ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(tompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of	of the petition in bankruptcy,	or agreed to be paid	d to me, for services rend	lered or to
	For legal services, I have agreed to accept			750.00	
	Prior to the filing of this statement I have received		\$	750.00	
	Balance Due		\$	0.00	
2. T	he source of the compensation paid to me was:				
	■ Debtor □ Other (specify):			·	
3. T	he source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4. <b>I</b>	I have not agreed to share the above-disclosed comper firm.	nsation with any other person	unless they are men	nbers and associates of m	ıy law
[	I have agreed to share the above-disclosed compensati copy of the agreement, together with a list of the name				firm. A
5. I	n return for the above-disclosed fee, I have agreed to rend	der legal service for all aspects	s of the bankruptcy	case, including:	
b c.	Analysis of the debtor's financial situation, and rendering Preparation and filing of any petition, schedules, staten Representation of the debtor at the meeting of creditors [Other provisions as needed]	nent of affairs and plan which	may be required;		ptcy;
6. B	y agreement with the debtor(s), the above-disclosed fee of	loes not include the following	service:	•	
		CERTIFICATION			
	certify that the foregoing is a complete statement of any ankruptcy proceeding.	agreement or arrangement for	payment to me for	representation of the deb	otor(s) in
Se	ptember 28, 2017	/s/ Michael R. Rich			
Da	nte	Michael R. Richmo Signature of Attorney			
		Heller & Richmone			
		33 N Dearborn St	Ste 1907		
		Chicago, IL 60602		•	
		(312) 781-6700 Fa mrichmond@helle		2	
		Name of law firm			-
				······································	····

#### ATTORNEY-CLIENT AGREEMENT

This Agreement is made this 3<sup>rd</sup> day of June, 2017 by and between **Heller & Richmond**, **Ltd**. (hereinafter referred to as "Attorney) of 33 N. Dearborn St., Suite 1907, Chicago, IL 60602 Maria Muresan (hereinafter referred to as "Client") of Chicago, IL

WHEREAS, "Client" desires to engage the legal services of "Attorney" to advise and represent "Client" concerning "Client's" desire to seek Bankruptcy relief pursuant to title 11 of the United States Code; and

WHEREAS, "Attorney" desires to provide such legal services to "Client":

IT IS HEREBY AGREED by and between the Parties hereto, in consideration of the mutual covenants contained herein:

#### **TERMS OF AGREEMENT**

- 1. Professional Legal Services to be Provided.
  - A. Attorney shall provide the following professional legal services for "Client" in the above referenced bankruptcy matter:
    - 1. Analysis of the "Client's" financial situation and rendering advice to the "Client" in determining whether to file a petition in bankruptcy;
    - 2. Preparation and filing of any petition, schedules, statement of affairs, or plan which may be required.
    - 3. Representation of "Client" at the meeting of the creditors and confirmation hearing;
    - 4. Other:
  - B. Professional legal services to be provided by "Attorney" to "Client shall not include:
    - 1. Rendering advice or representing any other person or entity related to or a dependent of "Client";
    - Filing a notice of appeal, or prosecuting or defending an appeal of any judicial ruling, except by separate agreement of the parties, hereto; or,
    - Representing "Client" in any other judicial or administrative or alternative dispute resolution proceeding, except by separate agreement of the parties, hereto;
    - 4. The filing of any adversary complaint to determine the dischargability of an otherwise non-dischargeable debt.
- Compensation for Legal Service Provided. "Client" agrees to pay to "Attorney" and "Attorney" agrees to accept from "Client" \$750.00 for the performance of these services (hereinafter referred to as "fee") in addition to the costs of approximately three hundred ninety five dollars\*\*
  (\$395.00)

It is hereby acknowledged that this "fee" has been based upon "Client's" representation that he/she has the following type and number of debts:

- a. -1- secured creditors; (client wishes to reaffirm or redeem auto)
- b. -\*- unsecured creditors; (\*UP TO 30 UNSECURED CREDITORS)
- c. -0- priority debts; (GOVT. DEBT INCLUDING STUDENT LOAN IS GENERALLY NOT DISCHARGABLE)

This stated "fee" has been further based upon "Client's representation that he/she has:

- a. -0- law suits pending against him/her;
- b. -0- wage assignments pending against him/her.

"Client" agrees to pay an additional fee of one hundred dollars (\$100.00) for each of the following additional items that have not been disclosed above:

- a. each secured creditor;
- b, each group of up to ten unsecured creditors over the first ten unsecured creditors;
- c. each law suit or wage assignment pending against "Client" at the time the bankruptcy is filed;
- d. "Attorney" notification to the Secretary of State of the bankruptcy in the event "Client"s driving privileges had been previously suspended in accordance with the financial responsibility laws of the State of Illinois

"Client" also acknowledges that the "fee" has been determined based upon the minimal amount of expected work to be performed on this bankruptcy matter, and that if additional legal services, such as representing "Client" in contested matters or adversary proceedings, must be performed, if "Client" fails to attend a meeting of the creditors or any court hearing or if the petition, once prepared, has to be revised due to "Client's" failure to provide complete or accurate information, including but not limited to the list of creditors as referred to in Section 5(f) below or if "Attorney" is forced to take any steps to collect any past due Attorneys fees from "Client", "Client" shall be responsible for additional fees at a rate of two hundred fifty dollars (\$250.00) per hour.

"Client" agrees to pay all fees and court costs as follows:

- 1. \$250.00 upon the execution of this agreement;
- 2. Balance due prior to filing, but within 90 days

"Client" acknowledges that "Attorney" is not responsible for filing a petition or initiating any bankruptcy proceeding until "Client" has paid "Attorney" at least \$1,145.00 and that any monies paid upon the execution of this agreement are non-refundable and are intended to compensate "Attorney" for his time spent in compiling the information necessary to prepare, or other steps towards the preparation of, a petition in bankruptcy.

3. Client Cooperation. "Client" agrees to fully cooperate with "Attorney" in performing professional legal services, including, but not limited to, fully disclosing all of "Client's" potential assets and liabilities, timely appearing at meetings and hearings, promptly returning phone calls from "Attorney" to "Client", promptly communicating any changes in circumstances to "Attorney", including change of employment and change of address, and paying all legal fees and expenses as they become due. "Client" hereby warrants and covenants that he/she has fully disclosed to "Attorney" all known or suspected real property, tangible and intangible personal property, debts, leases contracts, claims in favor of or against "Client" and taxes owed.

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4. Termination of Agreement.

A. "Client" may terminate this Agreement with "Attorney" at any time upon written notice to "Attorney". In the event of such termination, "Client" shall pay all legal fees incurred and shall notify "Attorney" in writing, if "Client" desires his/her file turned-over to any person or entity.

B. "Attorney" may terminate this Agreement upon written notice to "Client" for "cause". "Cause shall include, but shall not be limited to

the following:

- 1. "Attorney" learning of "Client's" intention to commit an act that may constitute a bankruptcy crime or fraud or other unlawful conduct, and "Client's" refusal to refrain from such conduct;
- 2. "Client's" failure to promptly pay legal fees or expenses incurred; or
- 3. Any other permissive or mandatory cause to withdraw form the Attorney-Client relationship as provided for in the Code of Professional Responsibility.
  - 5. "Client" acknowledgment.
- A. "Attorney" has advised "Client" that his/her spouse, if any is jointly liable for many of "Client's" debts that have been incurred, since the time of "Client's" marriage and that "Client's" spouse can be held responsible for these debts, unless the spouse files a joint or separate petition for bankruptcy. "Attorney" has advised "Client" that there would be no additional legal "fee" or court costs to add the "Client's" spouse on a joint petition for bankruptcy, provided that the spouse does not have any creditors other than those upon which "Client's" fee was based.
- B. "Attorney" has advised "Client" that some debts may not be dischargeable and in particular, secured debts or those in which "Client" has pledged some property as collateral against a loan or other financing, are not dischargeable, unless "Client" is willing to return the property, which has been pledged as collateral, to the creditor. "Client" has been further advised that in many instances he/she may retain the property, which has been pledged as collateral, if he/she agree to reaffirm the debt and continue to pay the creditor, as they were bound to do, before the filing of bankruptcy.
- C. "Attorney" has reviewed with "Client" his/her options to file under Chapter 7, Chapter 11 and Chapter 13 of Title 11 of the United States Code and "Client" has elected to proceed under Chapter 7 "Client" is aware that if he/she proceeds with a Chapter 7 then he/she will be required to forfeit any and all property owned in full or in part by "Client" other than those exemptions permitted by statute and in most instances the amount of property entitled to those exemptions is minimal. The property that could be forfeited includes, but is not limited to real estate, cash, bank accounts, household goods and furnishings, appliances, artwork, collections, sports equipment, tools, jewelry, income tax refunds, vehicles or anything else of value or potential value.
- D. "Client" acknowledges that he/she has read both front and back of this agreement and "Attorney" has answered any questions that "Client" may have had about its content.
  - E. "Client" acknowledges receipt of a copy of this agreement at the time of its execution.
- F. It is the obligation of "Client" to supply "Attorney" with a neat, legible and complete list of all creditors of "Client" and for each creditor include their complete name, address, account number and balance owed; also, if that account was referred to a collection agency or lawyer then also include the name, address and account number of the collection agency or lawyer.
- G. "Client" understands that "Attorney's" obligation to represent "Client" will end no later than upon the entry of the Order of Discharge in Bankruptcy and "Client" will be responsible for payment of additional fees at the rate of two hundred dollars (\$200.00) per hour for any service that might be requested after the entry of the Order of Discharge including but not limited to telephone advise, file retrieval, providing copies of any file related documents and issues concerning credit bureau reports, obtaining credit or other forms of credit repair.
- H. "Client" hereby warrants and covenants that he/she has truthfully and fully disclosed to "Attorney" all known or suspected information requested by any aspect of the entire Bankruptcy Petition and that it is the responsibility of "Client" to be certain that this information is all accurately displayed in the actual Bankruptcy Petition at the time "Client" affixes his/her signaturals) thereto.

\*\* costs include the court filing fee of \$335.00, the online prebankruptcy counseling and online debt management class and the 3-bureau credit report of \$60.00 for an individual report or \$70.00 for a joint report for husband and wife.

Heller & Richmond, Ltd.

By:

HELLER & RICHMOND, LTD. 33 N. Dearborn Street Suite 1907 Chicago, IL 60602 (312) 781-6700 I AGREE TO ALL THE TERMS CONTAINED IN THIS DOCUMENT

Maria Muresan

By affixing my signature above, I hereby certify that I have not filed any petition for bankruptcy within the past 8 years, except as otherwise noted as follows:

\_\_\_\_\_NONE\_\_\_\_\_

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YES, I HEREBY INSTRUCT ATTORNEY TO PROVIDE CLIENT WITH A 3-BUREAU CREDIT REPORT and I AGREE TO PAY THE COST OF THIRTY FIVE DOLLARS (\$35.00) per person FOR THE REPORT IN ADDITION TO ALL OTHER FEES. This additional fee must be paid before the Bankruptcy Petition will be filed.